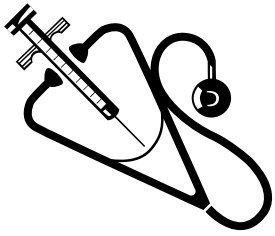


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Access to Primary Care in Kansas

Primary care can be thought of as the basic preventive, diagnostic, and therapeutic health care which a person receives when they first enter the health care system; such care is typically supplied by a general practitioner, family physician, internist, pediatrician, or mid-level practitioner. Primary care services provide sufficient care for most common medical problems and are the source of most preventive health services (e.g., health education, immunizations, health screenings) delivered to Kansans.

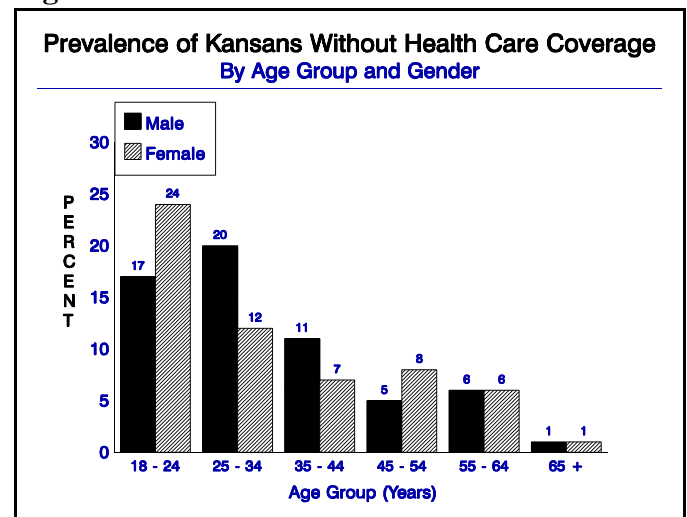
Many factors influence whether a person has access to primary care services. Proximity, transportation, cost/health insurance, cultural factors, work benefits, education, and identification of an established source of primary care all appear to influence whether a person sees a primary provider for their health care needs¹. It is likely that barriers such as these affect preventive care more than they affect sick care. Most of us will seek health care if we are sick with pneumonia or have a serious injury; however, health needs such as immunizations or mammograms do not demand our immediate attention. Consequently, if substantial barriers to primary care exist, necessary preventive services may never be received.

During 1993, the Kansas Department of Health and Environment, Bureau of Chronic Disease and Health Promotion, conducted the Behavioral Risk Factor Surveillance System (BRFSS) survey to assess the prevalence of health behaviors among adult Kansans (aged 18 and older) through a random digit-dialed telephone interview. Respondents were asked "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs (health maintenance

organizations), or government plans such as Medicare?", and "Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?"

This bulletin examines two barriers to primary care in Kansas (health care coverage and identification of an established source of primary care), interventions which might increase access to primary care, and the Healthy Kansans 2000 goals for access to primary care.

Figure 1

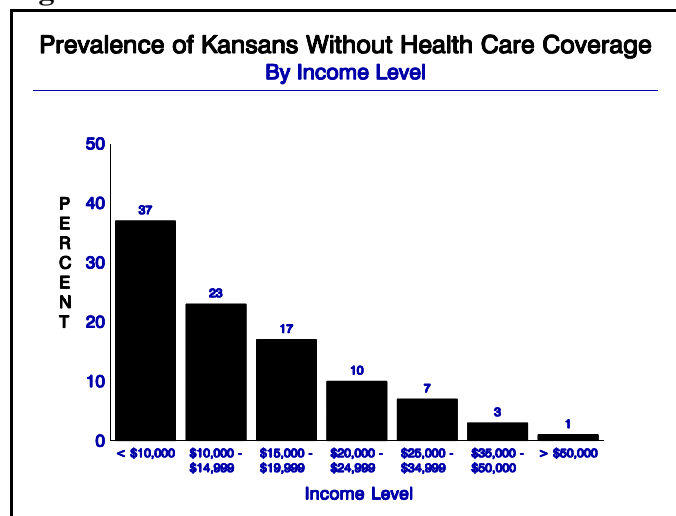


Health Care Coverage

Overall: The 1993 BRFSS survey indicated that 10% of Kansans have no form of health care coverage. Eight percent of white Kansans are without health care coverage compared to 25% for non-white Kansans (African-American, Hispanic, Native American, Asian).

Age Group and Gender (Fig. 1): Male Kansans (11%) are slightly more likely to be without coverage than female Kansans (9%). The prevalence of being without health care coverage decreases with advancing age. Kansans aged 18 to 24 (20%) are most likely to be without health care coverage, while Kansans aged 65 and older (1%) are least likely to be without coverage.

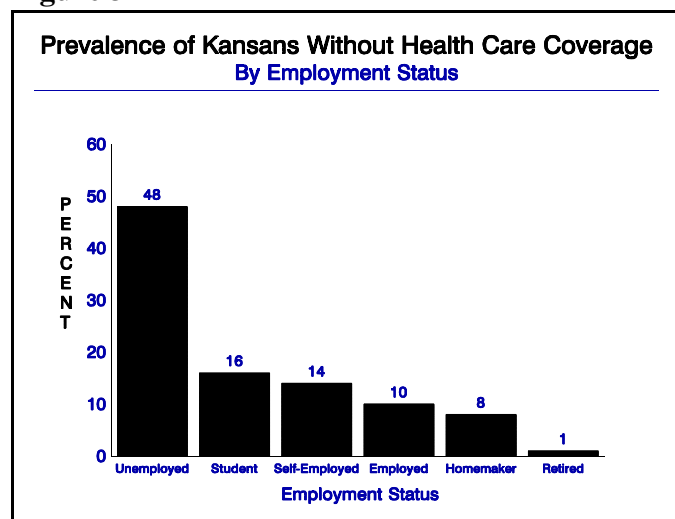
Figure 2



Income (Fig. 2): Lower levels of household income are associated with a lack of health care coverage. The prevalence of being without health care coverage is highest among Kansans with household incomes of less than \$10,000 (37%) and decreases to a low of 1% among Kansans with household incomes greater than \$50,000.

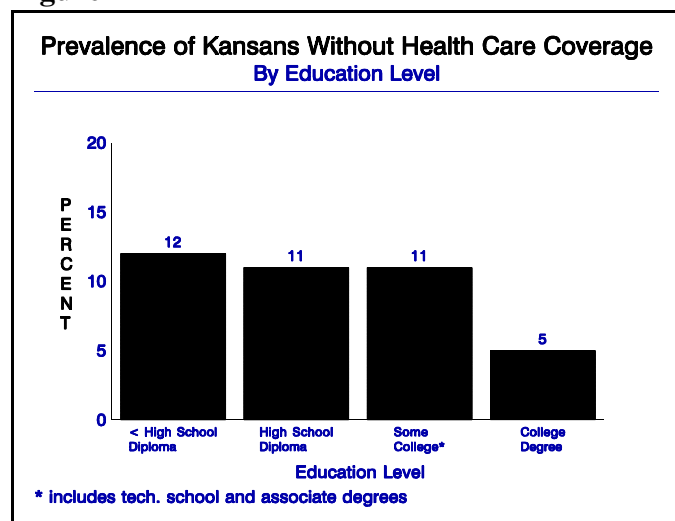
Employment Status (Fig. 3): Unemployed Kansans (48%) are substantially more likely to be without health care coverage than Kansans in other employment categories. Students (16%) and the self-employed (14%) lack health care coverage more frequently than employed Kansans (10%). Homemakers (8%) and retired Kansans (1%) are less likely to be without health care coverage than employed Kansans.

Figure 3



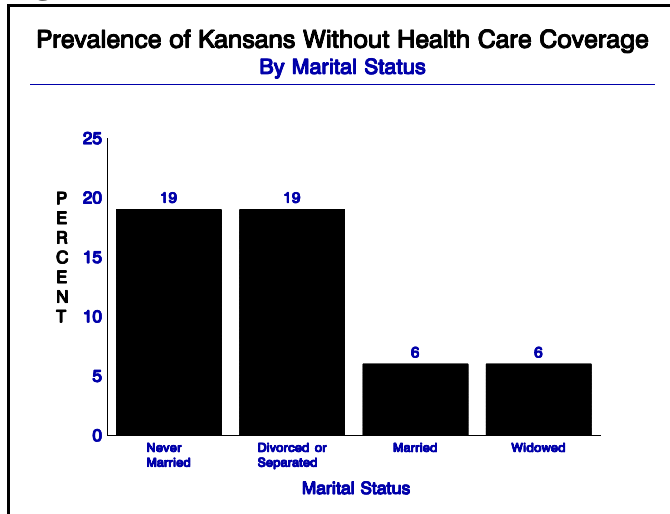
Education (Fig. 4): Absence of health care coverage decreases with rising levels of educational attainment. Kansans without a high school diploma (12%) are most likely to be without health care coverage. Kansans with a college degree have the lowest prevalence of being without health care coverage (5%).

Figure 4



Marital Status (Fig. 5): Kansans who have never married (19%) or are divorced or separated (19%) are less likely to have health care coverage than married Kansans (6%) or widowed Kansans (6%).

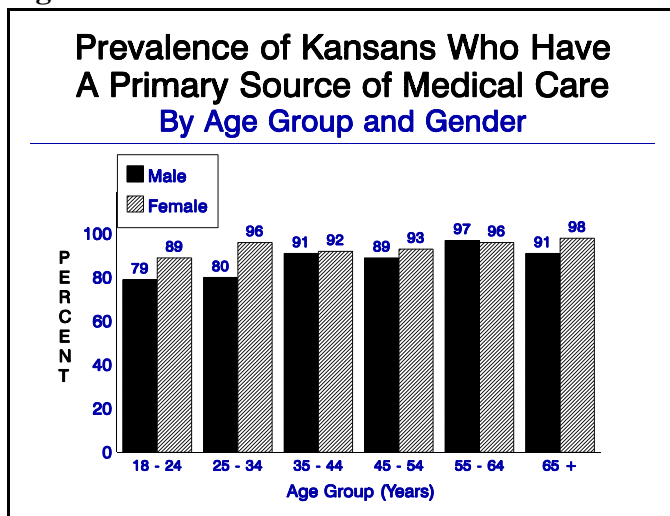
Figure 5



Have a Primary Source of Medical Care

Overall: Ninety-one percent of Kansans have a primary source of medical care such as a particular health clinic or doctor. Non-white Kansans are much less likely to have a primary source of medical care (78%) than white Kansans (92%).

Figure 6



Age Group and Gender (Fig. 6): Women (94%) are more likely than men (87%) to have a primary source of medical care. Kansans aged 18 to 24 are least likely to have a primary source of medical care (83%), while the prevalence of having a primary source of medical care increases with advancing age to 96% among Kansans aged 55 and older.

Income: Kansans with household incomes of more than \$25,000 (93%) are slightly more likely to have a primary source of health care than Kansans with household incomes below \$25,000 (88%).

Education: Little variance in the prevalence of having a primary source of medical care occurs between education levels (Range 89%-92%).

Conclusions: According to the 1993 BRFSS survey, the following groups are most likely to have barriers to primary care:

- * Non-white Kansans
- * Kansans aged 18 to 24
- * Kansans with lower household incomes
- * Kansans with lower educational attainment
- * Never married, divorced, or separated Kansans
- * Kansans who are unemployed

Recommendations: The following recommendations are offered to increase access to primary care:

1. Support media and public education activities regarding the role of clinical preventive services in maintaining good health.
2. Educate Kansans regarding age-specific recommendations for preventive care.
3. Promote health care delivery systems in rural areas to assure that, at a minimum, the screening, counseling, and immunization services recommended by the US Preventive Services Task Force are available.
4. Address service delivery barriers such as language, cultural concerns, availability of hours, and transportation.
5. Work with providers, hospitals, and communities to find ways to connect community members to specific providers.

Healthy Kansans 2000 Objectives: The Healthy Kansans 2000 objectives related to access to primary care are:

1. Increase to 92% the number of adult Kansans who report having health care coverage.
2. Increase to 95% the proportion of Kansans who have a specific source of primary care for their ongoing preventive and episodic health care.

Table 1: Access to Primary Care Objectives

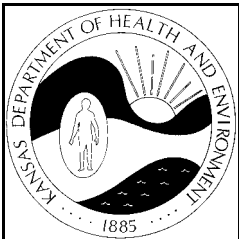
Objective	Kansas Baseline	Healthy Kansans 2000 Objective
% of Kansans With Health Care Coverage	87% (1992)	92%
% of Kansans Who Have a Source of Primary Care	91% (1993)	95%

References:

- 1 *Healthy People 2000, National Health Promotion and Disease Prevention Objectives.*
Washington, D.C.: Dept. of Health and Human Services, Sept. 1990. DHHS publication 91-50212.

For additional information contact:

BRFSS Program Coordinator
Kansas Department of Health and Environment
Bureau of Chronic Disease and Health Promotion
Landon State Office Building
900 SW Jackson Suite 901N
Topeka, KS 66612-1290
(913) 296-1207



**Kansas Department of Health and Environment
Bureau of Chronic Disease and Health Promotion
Landon State Office Building
900 SW Jackson Suite 901N
Topeka, KS 66612-1290**